



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

October 3, 2016

Federal Communications Commission  
Office of the Secretary  
Attn: Commission Secretary  
445 12th St. SW  
Washington, DC 20554

Dear Secretary:

The American Speech-Language-Hearing Association (ASHA) is pleased to have the opportunity to respond to the Federal Communications Commission's (FCC) notice requesting comment on the accessibility of the Commission's programs and activities under Section 504 of the Rehabilitation Act of 1973.

ASHA is the national professional, scientific, and credentialing association for 186,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. Speech-language pathologists (SLPs) identify, assess, and treat speech, language and communication problems as well as swallowing disorders.

We submit the following comments and recommendations by page number on the FCC's Section 504 Handbook

#### **Model Accessibility Statements—Page 11**

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##### **Comments**

While the Handbook refers to a number of Accessibility Statements, it may be most effective to have only one accessibility statement, such as the first one listed ("For Meetings in General"). Other accessibility statements (i.e., For Meetings That Will Be Captioned) may be more helpful for later communications with individuals who will be making the request when the needed accommodations have been identified. A statement should be added here to clarify that the program facilitators may not know what the needed accommodations would be prior to the meeting notice.

#### **General Best Practices—Page 13**

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##### **FCC Events**

Amend this section, as indicated in the bold and stricken language:

~~Assistive d~~Devices such as cochlear implants (~~used to improve hearing~~) or metal rods to strengthen bones, are surgically implanted and cannot be taken off or detached. Be aware that such devices may set off metal detectors and be prepared to use courtesy and good judgment in dealing with such situations.

### **Rationale**

Cochlear implants are not considered “assistive devices” and, while they help the individual detect sound, they do not “improve” hearing.

### **For Fire Drills, Evacuations, & Emergencies—Page 14**

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#### **Recommendations**

1. Amend this section, as indicated in the bold and stricken language:

People who are deaf or hard of hearing may not be able to hear ***and/or understand*** broadcasts over the public address system or verbal instructions from building monitors or security officers. Announcements or instructions passed by word of mouth are also likely to be missed by a person who is deaf or hard of hearing. ~~Be willing to pass along information as you are able, including writing notes, gesturing, etc.~~ **Be sure that information is quickly conveyed in a way that is understood. This may include writing notes, gesturing, etc.**

#### **Rationale**

Individuals with hearing loss may hear/detect, but may not be able to understand or interpret the message. The last statement should be strengthened because it is not optional (“Be willing”) to do this.

#### **Recommendations**

2. Amend this section, as indicated in bold:

People who are deaf or hard of hearing may be unable to hear **or understand** spoken instructions. Even people who have substantial residual hearing may have difficulty hearing **and/or understanding** instructions coming from behind them or orders given in areas with background noise, such as fire alarms or the chatter from crowds of people.

#### **Rationale**

Individuals with hearing loss may hear/detect, but may not be able to understand or interpret the message.

### **Access for People who are Deaf or Hard of Hearing—Page 17-18**

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#### **Comments**

Overall, we support the acknowledgment in this section of the diversity in the accommodations used by members of the deaf and hard of hearing (D/HH) community. One cannot overstress the importance of individualized needs and accommodations. One size does not fit all.

We also agree that lipreading is an outdated term.

#### **Recommendation**

Add the following bolded text to the introductory paragraph:

**Keep in mind that individuals who are deaf or hard of hearing (D/HH) have a wide variety of interests and will need access to any other events as well.**

#### **Rationale**

Individuals who are D/HH may be interested in a broad range of activities and not restricted to just “matters of particular interest...”

#### **Recommendation**

Amend this section, as indicated in the bold and stricken language:

Make your requests for accommodation services with as much advance notice as possible.

If events are webcast, they must be captioned. ~~If captioning is acquired for a webcast,~~  
~~m~~**Make** sure the captions are also available to attendees in the meeting room. Contact the Audio Visual Production staff to request captioning services (contact information on page 8).

#### **Rationale**

The language is redundant.

#### **Recommendation**

Amend this section, as indicated in the bold and stricken language:

- ~~When microphones are provided, m~~**Make** sure that everyone **who speaks** uses **a microphone** ~~them~~. For meetings in the Commission Meeting Room, using the microphones will ensure that amplification is provided for everyone in the room, the assistive listening system, and the captioners. Captioners and those relying on the assistive listening system can only hear what is broadcast through the sound system, so it is vital that all participants use a microphone when speaking.

#### **Rationale**

People often forget that individuals who are D/HH may only hear what is picked up through a microphone and transmitted through hearing assistive technology. More microphones will often be necessary.

#### **Comments**

1. We support the statement that, whenever possible, speakers should comply with participant requests to use amplification devices. It is common that individuals may bring their own technology, which one should utilize when possible. At times, one may need to figure out how to ensure connectivity to existing technology.
2. We also support the statement on not assuming that all people with similar disabilities will want identical accommodations. It is good for meeting staff to understand that there is a lot of variability in the needed accommodations for individuals who are D/HH.

## **Access for People with Speech Disabilities—Page 22**

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ASHA recommends some significant changes to this section in order to ensure appropriate access for individuals with speech-language disabilities, as follows:

### **Recommendation**

Amend this section, as indicated in the bold and stricken language:

#### Access for People with Speech-**Language** Disabilities

Contact the Section 504 Officer (contact information on page 8) for guidance on the provision and acquisition of access services for people with speech-**language** disabilities.

Make sure that meeting publicity includes ~~an Accessibility Statement that accurately reflects the accommodations that will be provided, and/or a Statement that explains how to submit requests for accommodations.~~ **one accessibility statement such as the first one listed (“For Meetings in General”).**

- **Be aware that an individual may have a speech disorder, such as difficulty producing speech sounds correctly or fluently, or have problems with his or her voice. He or she may have a language disorder, which may result in trouble understanding others (receptive language), or sharing thoughts, ideas, and feelings completely (expressive language), or trouble in both receptive and expressive language domains.**
- **Reduce background noise that may be distracting.**
- Regardless of **the type, nature, or** severity of the disability or the method of communication **of the speaker,** ~~patience and careful use~~ **active listening strategies** ~~are of paramount importance.,~~ such as:
  - **Maintain eye contact with the speaker and focus on the individual communicating.**
  - **Allow the speaker time and rest when speaking.**
  - **Ask questions in a positive manner.**
  - **Restate the key point or request to demonstrate you understand the speaker.**
- **Allow individuals time to complete their thoughts; do not attempt to end sentences for them. If you do not understand what has been said, say this and ask the individual to repeat.**
- When talking with people who have speech-**language** disabilities, ~~do not pretend to understand what they are saying. If you are unsure of the message, but think you understand part of what has been said, repeat~~ **back the message you heard, what you thought you heard** and ask for confirmation **and/or clarification.**
- ~~Allow individuals to complete their thoughts; do not attempt to end sentences for them. If you do not understand what has been said, admit it and ask for a repetition.~~ When a person with a speech disability is using a re-voicer (a person who repeats in clear speech

what individuals with speech disabilities have said), speak directly to the individual, not to the re-voicer.

- Recognize that it is impossible to anticipate every conceivable need. Be flexible. Be ready to address individual requests for accommodation as they arise. Use common sense and courtesy. If you are unsure what to do, ask the individual requesting accommodations for guidance.

#### **Rationale for Changes Above. Section: Access for People with Speech Disabilities—Page 22**

1. “Speech disabilities” only refer to disabilities articulating sounds, fluency of speech, and voice and resonance disorders. The title of this section and the following first sentence should include “language”, as this also includes people who have disabilities in listening, processing, speaking, reading, writing, and pragmatics.
2. Other Accessibility statements may be more helpful for later communications when the needed accommodations have been identified.
3. The addition of the following statement as the first bullet provides an explanation about the nature of speech-language disabilities (e.g., speech versus language), types (expressive versus receptive) and range in severity of speech-language disorders.

**Be aware that an individual may have a speech disability, such as difficulty producing speech sounds correctly or fluently, or have problems with his or her voice. He or she may have a language disability, which may result in trouble understanding others (receptive language), or sharing thoughts, ideas, and feelings completely (expressive language), or trouble in both receptive and expressive language domains.**

The disability may be mild, moderate, or severe. The combination of these three factors- type, nature, and severity, will determine the individual’s unique communication profile and needs.

4. It is important that in all communication situations background noise is minimal in order to allow opportunities for the speakers to express themselves without competing with distracting sounds, hence the recommendation of the following statement as the second bullet:

**Reduce background noise that may be distracting.**

5. The recommendation to revise the third bullet as follows:
  - Add the phrase, “*type, nature, or*” before severity because a speech-language disorder can vary according to these parameters in addition to severity.
  - Change the phrase, “patience and careful listening” to “*use active listening strategies,*” because this is an observable behavior.
  - Delete the phrase “of paramount importance,” because it is unnecessary.
6. Amending this text below provides greater clarity:

**Allow individuals time to complete their thoughts; do not attempt to end sentences for them. If you do not understand what has been said, say this and ask the individual to repeat.**

7. Deleting the original text and amending this text (so that it reads as below) provides greater clarity, eliminates redundancy, and is more inclusive by adding “language” to “speech disabilities.” These changes make the directions clear and specific, eliminating unnecessary language that does not provide the listeners/participants with guidance on how to attend to a speaker with speech-language disabilities.

**When talking with people who have speech-language disabilities, if you are unsure of the message, repeat back the message you heard, and ask for confirmation and/or clarification.**

8. Reordering the bullets in this section provides increasing specificity of strategies, from general to more specific.

### **Speech Disabilities—Page 36**

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#### **Recommendation**

Amend this section title, as indicated with the bold and stricken language:

#### **Speech-Language** Disabilities

Speech-**language** disabilities can be genetically linked or can result from accident, injury, or illness. The **type, nature, and** severity ~~and type of a~~ speech-**language** disability can vary dramatically as can the communication modes individuals choose to use. An **individual may have a speech disorder, such as difficulty producing speech sounds correctly or fluently, or have problems with his or her voice. He or she may have a language disorder, which may result in trouble understanding others (receptive language), or sharing thoughts, ideas, and feelings completely (expressive language), or trouble in both receptive and expressive language domains.** Some people with speech-**language** disabilities choose to speak for themselves while others opt for using a re-voicer artificial larynx, or augmentative and alternative communication (AAC) methods to help ~~them be understood~~ **communicate.**

Regardless of the **type, nature, and** severity of the disability or the method of communication used, patience and careful listening are of paramount importance. When talking with people who have speech-**language** disabilities ~~do not pretend to understand what they are saying.~~ Allow individuals to complete their thoughts; do not attempt to end sentences for them. If you do not understand what has been said, ~~admit it and~~ ask for repetition. If you are unsure, but think you understand part of what has been said, repeat what you thought you heard and ask for confirmation.

#### **Rationale**

“Speech disabilities” only refer to disabilities articulating sounds, fluency of speech, and voice and resonance disorders. The title of this section and the following first sentence should include

“language” as this also includes people who have disabilities in listening, processing, speaking, reading, writing, and pragmatics.

Speech-language disabilities can be genetically linked or can result from accident, injury, or illness. The type, nature, and severity of a speech-language disability can vary dramatically as can the communication modes individuals choose to use. An individual may have a speech disorder, such as difficulty producing speech sounds correctly or fluently, or have problems with his or her voice. He or she may have a language disorder, which may result in trouble understanding others (receptive language), or sharing thoughts, ideas, and feelings completely (expressive language), or trouble in both receptive and expressive language domains.

Some people with speech disabilities choose to speak for themselves while others opt for using a re-voicer, artificial larynx, or augmentative and alternative communication (AAC) methods to help them communicate.

Regardless of the type, nature, and severity of the disability or the method of communication used, patience and careful listening are of paramount importance. When talking with people who have speech-language disabilities, allow individuals to complete their thoughts; do not attempt to end sentences for them. If you do not understand what has been said, ask for a repetition. If you are unsure, but think you understand part of what has been said, repeat what you thought you heard and ask for confirmation.

## **Videophones—Page 29**

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### **Recommendation**

Spell out TRS, (Telecommunications Relay Services) referred to in this section.

### **Rationale**

This is the first time using it in the Handbook and it should be spelled out.

## **Assistive Listening Devices—Page 29**

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### **Recommendation**

Add bolded text, as follows:

Assistive Listening Devices (ALDs) are also sometimes referred to as, Hearing Assistive Technology Systems (HATS). They operate in various ways—some use infrared signals, others use FM frequencies, and still others use loop systems that consist of wires embedded in the structure of the room. Regardless of the technology employed, ALDs are used to amplify sound in a way that allows people with hearing loss to maximize the use of their residual hearing. **They are designed to be used with or without the individual’s own hearing device/s and help them hear and understand speech in noisy or reverberant rooms or when listening at a distance.**

### **Rationale**

The sentence clarifies this statement as some individuals may not understand “maximize the use of their residual hearing.”

## **Captioning—Page 30**

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### **Comments**

We support the provision of links to other resources, such as NIDCD.

## **Disability Etiquette—Page 43**

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### **Recommendation**

Strike the following text:

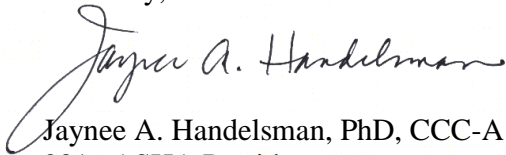
There are many websites that offer thorough explanations of proper etiquette when interacting with people with disabilities. ~~While it is helpful to have access to such guidance, even without the advantage of detailed instruction, individuals can have successful interactions with members of the disability community.~~ Of prime importance is to be courteous, approach individuals with respect, and realize that the individual with a disability is generally the best source of information on how to proceed.

### **Rationale**

It does not contribute anything to paragraph and is unnecessary.

Thank you for the opportunity to share our comments and recommendations. Should you have questions about our comments, please contact Catherine D. Clarke, ASHA's director of education and regulatory advocacy, at 202-624-5953 or by e-mail at [cclarke@asha.org](mailto:cclarke@asha.org).

Sincerely,



Jayne A. Handelsman, PhD, CCC-A  
2016 ASHA President